

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

11 CV 8879

Courtney Howell
NYSID 0901211H
10-10 HAZEN ST QUEENS, NY 11370
(In the space above enter the full name(s) of the plaintiff(s).)

-against-

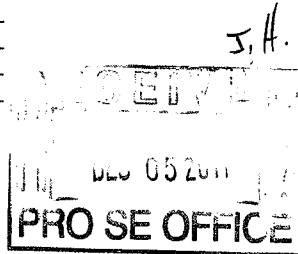
THE CITY OF New York
THE NEW YORK CITY Police Dept

COMPLAINT

under the
Civil Rights Act, 42 U.S.C. § 1983
(Prisoner Complaint)

Jury Trial: ☒ Yes ☐ No
(check one)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)



I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name Courtney Howell
ID # NYSID 0901211H
Current Institution EMTE
Address 10-10 HAZEN ST
QUEENS NY 11370

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name The City of New York Shield #
Where Currently Employed LAW DEPT / CORPORATE COUNSEL
Address 100 Church ST
NY NY 10007

Defendant No. 2 Name The New York City Police Dept Shield # _____
 Where Currently Employed PSA 1
 Address Brooklyn NY 11224
Convey Island N.Y.

Defendant No. 3 Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

Defendant No. 4 Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

Defendant No. 5 Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur?

The PSA 1 PCT Convey Island NY
Supreme Court Docket Ind 3835/2010 Brooklyn NY

B. Where in the institution did the events giving rise to your claim(s) occur?

C. What date and approximate time did the events giving rise to your claim(s) occur?

3 May 2010 and the events of the complaint continued
in the courts of the City of New York through
26 Apr 2011 the day I was sentenced.

What happened to you?	<p>D. Facts: I was convicted of a misdemeanor. I haven't had a felony conviction in ten years.</p> <p>I WAS ARRESTED ON FELONY COUNTS WHICH WERE UNFOUNDED AND DROPPED TO ONE SINGULAR MISDEMEANOR COUNT.</p>
Who did what?	<p>I AM A MISDEMEANOR MINORITY DEFENDANT AND NEITHER THE COURT NOR THE D.A. OFFERED ME AN ALTERNATIVE TO INCARCERATION. THIS IS NOT A SENTENCE IN EQUITY WITH OTHER RACIAL GROUPS AND POPULATIONS.</p>
Was anyone else involved?	<p>I WAS ON UNEMPLOYMENT AND LOOKING FOR A JOB. A MISDEMEANOR CONVICTION SHOULD HAVE ALLOWED ME A JOB READINESS PROGRAM, ADRUG PROGRAM, PROBATION OR SOME ALTERNATIVE THAT WOULD BETTER BENEFIT ME AND THE COMMUNITY.</p>
Who else saw what happened?	<p>DESPITE MY APPLICATIONS AND REQUEST I WAS DENIED BASED ON NOT ONLY THE JUDGES BIASED OPINION BUT INFORMATION PROVIDED BY POLICE. LATER PROVEN TO BE IMPEACHED LIARS.</p>

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

MY SOCIAL AND ECONOMIC CAPABILITIES HAVE BEEN COMPROMISED. MY SITUATION COULD HAVE BEEN BETTER UTILIZED BY THE POLICE, THE COURT AND EVEN MYSELF TO USE THE SOCIAL BENEFITS AVAILABLE TO ALL NEW YORKERS. MY PROSECUTION AND SENTENCING REQUIRED I BE ALLOWED THE SAME OPPORTUNITY AS OTHER MEMBERS OF OTHER GROUPS IN MY SITUATION.

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ☐ No ☒

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes _____ No ☒ Do Not Know _____

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes _____ No ☒ Do Not Know _____

If YES, which claim(s)? _____

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes _____ No ☒

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes _____ No ☒

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

THE CIVILIAN COMPLAINT REVIEW BOARD, THE COMMISSION JUDICIAL CONDUCT.

1. Which claim(s) in this complaint did you grieve? _____

2. What was the result, if any? PENDING

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. I WROTE THIS COMPLAINT FOR THE VIOLATION OF MY RIGHT TO SENTENCING EQUITY.

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: _____

YES i have file one

2. If you did not file a grievance but informed any officials of your claim, state who you informed, _____

when and how, and their response, if any: My attorney is filing suit
~~And my own administrative complaint is~~
PENDING.

- G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. I should have been allowed to use the
ALTERNATIVES TO INCARCERATION

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount). I seek 500,000 in compensation

and declaratory and injunctive relief.
My basis is a municipality (the City of New York)
that prosecutes and sentences minority youth
defendants to incarceration instead of alternatives
to incarceration in comparison w/ other groups.
Young Black men are routinely arrested (such as I)
for multiple felony counts only to
have them reduced to misdemeanors and
not offered alternatives to incarceration
(statistically) in comparison to other groups
in the same state if not the same
counties. It is my complaint that it happened
to me.

VI. Previous lawsuits:

On
these
claims

- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes ☐ No ☒

- B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes ____ No ____

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

On
other
claims

- C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes ____ No ____

*I do not know, if my ATTORNEY HAS
FILED A STATE OR FEDERAL COMPLAINT.*

- D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes ____ No ____

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 29 day of NOV, 2011.

Signature of Plaintiff

Inmate Number

Institution Address

Courtney Howell
1131100596
E.M.T.C 10-10 HAZEN ST
EAST Elmhurst N.Y. 11370

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 29 day of NOV, 2011, I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

Courtney Howell

11/29/2011

To whom it may concern;
My name is

Courtney Howell

My address, as of 12-10-11,
will be: Courtney Howell

2729 West 33rd St Apt # 3C

Brooklyn New York 11224

(1347) 750-6068

Please Send any reply to the Above Address.
Thank you.

Respectfully

Courtney Howell

11/24/2011
Judge Harold Baer Jr.
40 Foley Sq.
Ny, Ny 10007

Dear sir,

This is a case of police harassment and discrimination in the distribution of Alternatives to incarceration Programs to Black Males in Part 40 Brooklyn Supreme Court.

I do not know if this suit has validity.
I only ask that you follow the progress of it in the Fed Se Courts.

Respectfully

Courtney Howell

11/29/2011
Commission on
Judicial Conduct
% Judge Hippman

Dear sir,

My name Courtney Howell
My case N° is IND 38 35/2010 in Brooklyn Supreme
Court. I was in Part 40

My complaint is that I was not
offered an Alternative to Incarceration
compatible to my legal situation.

I am not charged as a person addicted
to a controlled substance and was not offered
an Alternative to Incarceration reflective
of someone on Workman's Compensation in
need of employment/training.

I ask for this option and feel it
was discrimination that I was
refused an opportunity

Sincerely
Courtney Howell

COMPLAINT REPORT - CIVILIAN COMPLAINT REVIEW BOARD

Instructions. You may file this report by:

- (A) Delivering it in person to the Civilian Complaint Review Board (CCRB); or
 (B) Mailing it (postage pre-paid) to the CCRB; or
 (C) Telephoning the CCRB at 1-800-341-CCRB; or
 (D) Filing it at any police precinct station house (obtain filing receipt).

1. COMPLAINANT Last Name	First Name	MI	Home Phone	Business Phone
Howell	Courtney	C	(1347) 750-6068	
Address (Home/Business)		Apt. No.	City	State
2729 west 33rd		3C	BKlyn	n.y.
Zip Code		Date of Birth		
11224		9-5-82		
Optional/For statistical purposes only: Sex: () M () F Race/Ethnicity:				

2. Did you witness the incident complained of? ☒ Yes () No
 3. If you are filing a complaint on behalf of someone else, what is your relationship, if any, to the person(s)?
 () Parent () Spouse () Relative () Guardian () Child () Friend () None ☒ Other SO
 4. Please provide as much of the following information as you can about the person(s) on whose behalf the complaint is filed and any witness(es) to the incident. (Use other side of page if necessary):

a. <input checked="" type="checkbox"/> VICTIM () WITNESS	Last Name	First Name	MI	Home Phone	Business Phone
	Howell	Courtney	C	(1347) 750-6068	
Address (Home/Business)		Apt. No.	City	State	Zip Code
2729 west 33rd		3C	BKlyn	n.y.	11224
Date of Birth		9-5-82			
Optional/For statistical purposes only: Sex: <input checked="" type="checkbox"/> M () F Race/Ethnicity: <u>Black</u>					

b. <input checked="" type="checkbox"/> VICTIM () WITNESS	Last Name	First Name	MI	Home Phone	Business Phone
	Howell	Courtney	C	(1347) 750-6068	
Address (Home/Business)		Apt. No.	City	State	Zip Code
2729 west 33rd		3C	BKlyn	n.y.	11224
Date of Birth		9-5-82			
Optional/For statistical purposes only: Sex: <input checked="" type="checkbox"/> M () F Race/Ethnicity: <u>Black</u>					

5. may 3rd 2010 Date and Time of Incident Brooklyn n.y. Coney Island Location of Incident (Including borough)

6. Identification of police officer(s) complained of (if unknown, provide physical description of officer(s) or type of duty performed; such as dressed in uniform or in civilian clothes; foot, scooter or auto patrol; detective). Also identify officer(s) at the scene who are not complained of. (Use other side of page if necessary):

Rank	Name	Precinct/Command	Patrol Car #	Shield #
P/O	Emrah Ates	PSA 1 BK	UNK.	UNK.
P/O	Richard Elliott	PSA 1 BK	UNK.	UNK.
P/O	Tonnica Corlette	PSA 1 BK	UNK.	UNK.
P/O	Michael Izzo	PSA 1 BK	UNK.	UNK.
P/O	ZANCA	PSA 1 BK	UNK.	UNK.

I fear for my life because my wrist was broken during an ASSAULT by these officers. Litigation is pending in civil court. they have threaten me through members of my community i fear for my life upon my release. 12-10-2011.

8. I have read the foregoing complaint and the contents thereof are true to the best of my knowledge and information.